

CLINICAL CHARACTERIZATION OF SMS (DSO 0455)

BOWEL SOUNDS

MED DSOs

- ✓ 1 Unstow Sony Walkman, cassette and abdominal microphone belt from locker MF28E, Clinical Characterization Kit
- ✓ 2 Plug microphone belt connector into Sony (red jack LINE IN)
- 3 ✓ Recorder controls:
 - ✓ REC LEVEL - max clockwise
 - ✓ LINE IN/MIC - LINE IN
 - ✓ PEAK/BATTERY - PEAK
 - ✓ COUNTER - 000 (only for new tapes)
- ✓ 4 Microphone batt pack - ON
- 5 Plug in earphones. Simultaneously depress PLAY, RECORD, pause button out, headphone vol to ~5 (front panel), touch R & L microphones separately. If sound not heard in R & L earphones, replace recorder or Mic belt as required. (Remove earphones for convenience)
- ✓ 6 Insert tape, record subject, MET on tape (by talking into Mic)
- ✓ 7 Bare upper abdomen
- ✓ 8 Strap microphone belt around abdomen with batt pack midline
- ✓ 9 Record bowel sounds for at least 20 min
- ✓ 10 Microphone batt - OFF
- ✓ 11 Disconnect, stow
- ✓ 12 Mark cassettes with name, MET, and end of run tape count number

TEMPERATURE

- ✓ 1 Obtain paper thermometer (Clinical Characterization Kit, Locker MF28E)
- ✓ 2 Place under tongue at back of mouth
- ✓ 3 After 5 min remove, record after 1 min out of mouth

98.6

white

PUPILLARY SIZE

- ✓ 1 Unstow 35mm camera, spotmeter (70mm bag), 35mm lens, gray card from Clinical Characterization Kit (Locker MF28E)
- ✓ 2 Spot photometer ON, CLR, ASA 100, Time 1/8
- ✓ 3 Insert gray card in front of eye
- ✓ 4 Take spotmeter reading and record
- ✓ 5 Flash straight, f-stop 11.0, data back ON, PRINT, ASA setting to H
- ✓ 6 Look directly at camera name with spotmeter in camera field of view, have picture taken

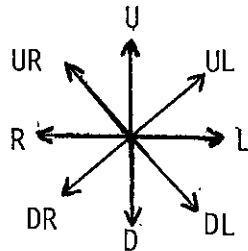
PALLOR

- ✓ 1 Unstow pallor chip (Clinical Characterization Kit, Locker MF28E)
- ✓ 2 Unstow 35mm camera, 35mm lens
- ✓ 3 Focus camera, flash 60° bounce with tissue, f-stop 5.6 or 3.5
- ✓ 4 Camera data back ON, PRINT, ASA setting to H
- ✓ 5 Place pallor chip vertically over right ear
- ✓ 6 Have picture taken
- ✓ 7 Restow equipment

CLINICAL CHARACTERIZATION OF SMS
PROCEDURES CHECKLIST

I. OBSERVATIONS

1. Have subject look straight ahead without fixation - look for nystagmus, vertical skew deviation, or other abnormal eye motion. Describe estimated amplitude, direction, and duration.
2. Have subject look 30° right and left; then 20° up and down. At each end eye position observe for nystagmus or abnormal eye motion. Describe amplitude, direction, and duration.
3. Repeat #1 and #2 observing subject through Frenzel lenses.
4. Repeat #1 observing subject through ophthalmoscope.
5. Have subject track your finger through 8 directions.



Ask subject about any blurring or diplopia. Observe for nystagmus, overshoot, or undershoot.

6. Have subject look between two targets held 30°-45° apart first in the horizontal and then in the vertical plane. Fix eyes on each target briefly. Observe for overshoot or undershoot and describe direction estimated amplitude, and duration.
7. Have subject oscillate head 15°-20° first horizontally, then vertically while focusing on wrist watch. Record any blurring or oscillopsia (apparent movement of watch) compared to preflight. Oscillate head at increasing frequencies.

NOTE: Discontinue with any complaint by subject. Record complaint and corresponding activity.

8. Using ophthalmoscope observe retina while subject oscillates head at 1-2 Hz, first horizontally then vertically. Record retinal movement - stationary, right, left, up, or down.
9. Have subject track head-fixed target at frequencies of ≤ 1 Hz, first horizontally then vertically. Observe and record nystagmus or corrective saccades with head movements. (direction preponderance and duration).

II. ESTIMATION OF MOVEMENT

III. BOWEL SOUNDS

SPACE MOTION SICKNESS SYMPTOM CHECKLIST

1. VERIFY CASSETTE IN PLACE, RECORDER ON IN RECORD MODE
2. NAME
3. MISSION DAY/MET
4. SYMPTOMS EXPERIENCED SINCE LAST REPORT

SEVERITY: 0 = NONE, 1 = MILD, 2 = MODERATE, 3 = SEVERE

Overall Discomfort
Headache
Dizziness
Drowsiness
Apathy/Lethargy
Impaired Concentration
Decreased Appetite
Epigastric Awareness
Epigastric Discomfort
Nausea
Vomiting/Retching
Cold Sweating
Pallor
Subjective Warmth/Flushing
Salivation
Belching
Yawning

5. DRUGS
Type, Quantity, MET, Effectiveness, Side-effects
6. HEAD/BODY MOVEMENT SENSITIVITY
Which axis of movement is most sensitive (pitch, roll, yaw)?
7. SUMMARIZE OVERALL TIME COURSE OF SYMPTOMS SINCE LAUNCH